

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047445

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 73

Primary Registration District No. 3015

Registrar's No. 122

FILED DEC 18 1963

1. PLACE OF DEATH

a. COUNTY

Clinton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. Joseph CAMERON

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Cameron Comm. Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY Buchanan

admission)

c. CITY

OR

TOWN

St. Joseph

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

2422 Doniphan

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

Enos

Middle

Last

Enos

Hawkins

Stewart

4. DATE OF DEATH

Month

Day

Year

Dec.

15

1963

5. SEX

Male

6. COLOR OF RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

Oct. 3 1903

9. AGE (last birthday)

60yr's

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Insurance

10b. KIND OF BUSINESS OR INDUSTRY

Insurance Agent

11. BIRTHPLACE (City and state or country)

DeKalb Co Mo. U.S.S. A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Alys Stewart

13b. MOTHER'S MAIDEN NAME

Emma Hawkins

14. NAME OF HUSBAND OR WIFE

Dolores Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

No.

17. INFORMANT

Dolores Stewart 2422 Doniphan

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Medullary Failure

DUE TO (b)

Congestive Failure

DUE TO (c)

Chronic Emphysema

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Ant. wall myocardial infarction

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. 8 to Dec. 15 and last saw him alive on Dec. 15
Death occurred at 4:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Fred X. Nevins, D.O.

22b. ADDRESS

7th & Walnut Camron, Mo.

22c. DATE SIGNED

12/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

St. Joseph Mo

23b. DATE

12-11-63

23c. NAME OF CEMETERY OR CREMATORY

St. Joseph Mo

23d. LOCATION (City, town, or county)

St. Joseph Mo

23e. (State)

24. FUNERAL DIRECTOR

Poland Funeral Home

25. DATE RECD. BY LOCAL REG.

12-16-63

26. REGISTRAR'S SIGNATURE

Francis H. Crawford

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DEC 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Laurence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.